

Evidence-based practice: What practice and what evidence?

Mark W. Lipsey

Vanderbilt University

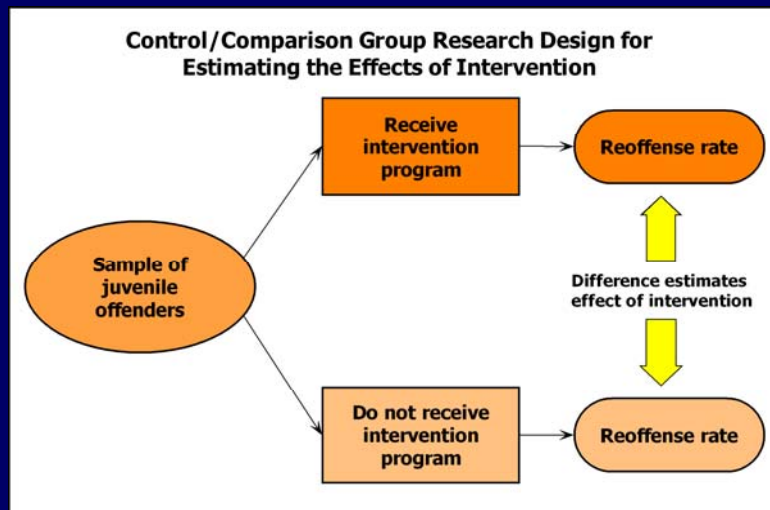
mark.lipsey@vanderbilt.edu; www.vanderbilt.edu/cerm

DCS Division of Juvenile Justice Regional
Meetings, June 2008



Part I: What constitutes evidence?

Controlled study of effects on recidivism



Three forms of evidence based practice and the nature of the evidence on which they are based

1. Specific operating procedure (SOP) of a particular local program

Example: The TGIF Social incentive program at Stonewall Jackson Youth Development Center, Concord NC

Evidence base:

- Controlled study of the effects of that program as delivered by that provider (usually no more than one study).

2. Manualized “brand name” programs

Examples: Functional Family Therapy (FFT), Multisystemic Therapy (MST), Multidimensional Treatment Foster Care (MTFC)

Evidence base:

- Controlled studies of implementations of that protocol conducted in different places (usually only a few studies)

Evidence-based practice is most often defined around manualized programs with qualifying research

Lists of “model” programs, e.g.:

- Blueprints for Violence Prevention
- National Registry of Evidence-based Programs and Practices (NREPP)
- Helping America’s Youth (HAYS) community guide
- OJJDP Model Programs Guide

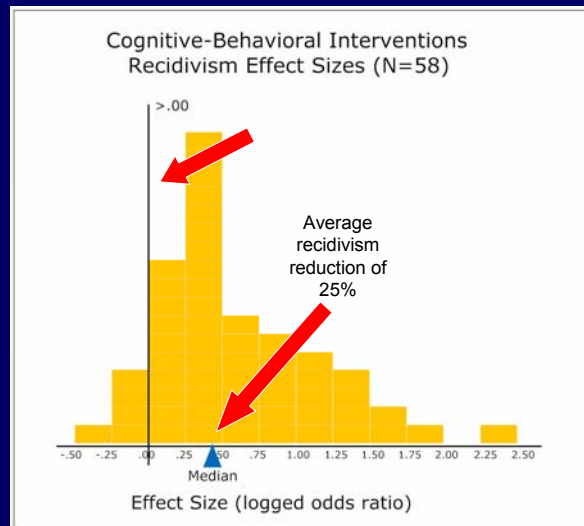
3. Generic intervention types

Examples: Interpersonal skills training, family therapy, group counseling, cognitive behavioral therapy

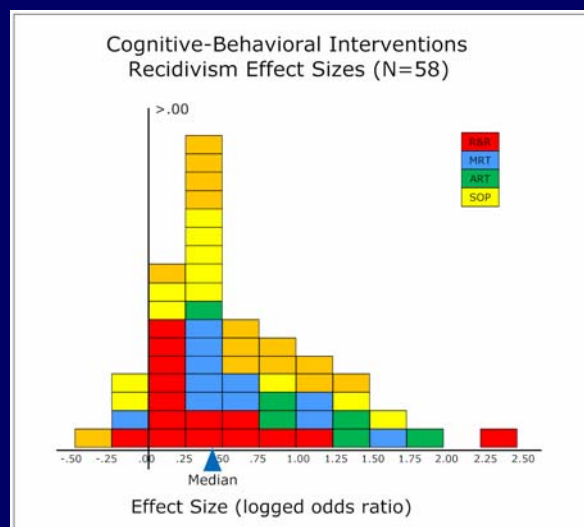
Evidence base:


- Controlled studies of different programs of that type conducted in different places (often are many studies).

Effects found in research studies for a generic intervention



Mix of manualized & SOP programs





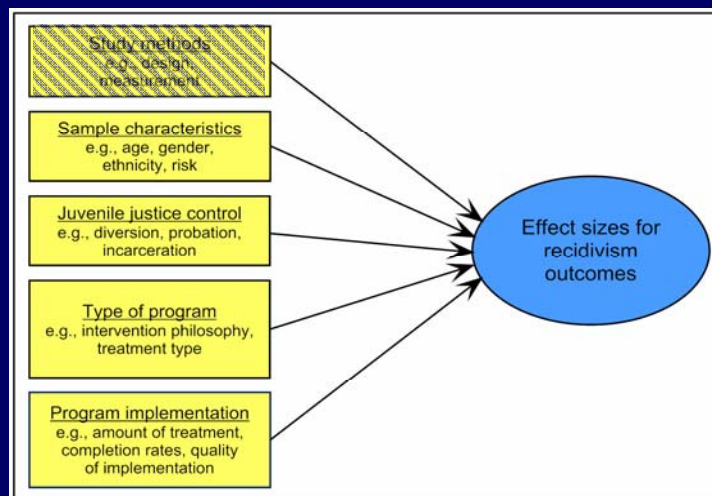
Using evidence from existing studies to determine what generic programs and practices are effective



Database of existing studies of interventions for juvenile offenders

- 548 research studies
- Used a qualifying control group and had at least one delinquency outcome
- Conducted in English speaking countries between 1958 and 2002

Effect sizes assumed to be a function of study and program characteristics



Some characteristics of the juveniles matter

- On average, larger positive effects on recidivism with higher risk juveniles
- Little difference in effects for juveniles of different age, gender, and ethnicity

JJ supervision doesn't matter much

For juveniles with similar risk for recidivism, intervention effects are similar at all levels of juvenile justice supervision:

- ☐ No supervision
- ☐ Diversion
- ☐ Probation/parole
- ☐ Incarceration

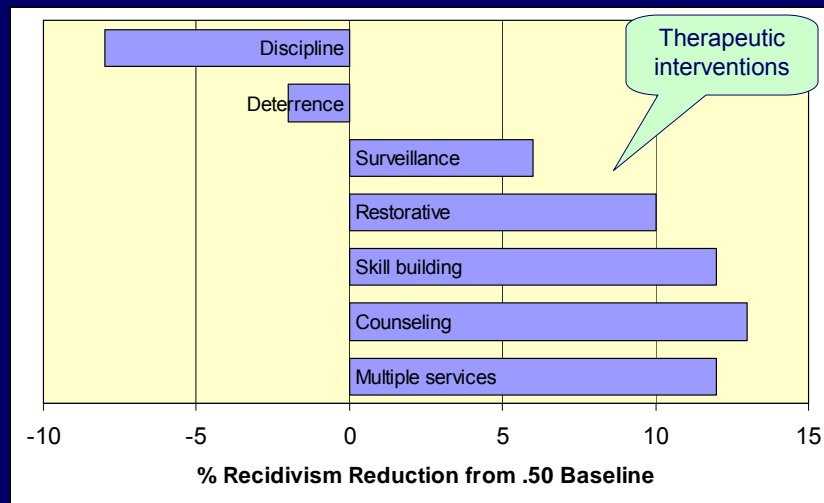
Program “philosophies” (Group 1)

- Discipline: e.g., paramilitary regimens in boot camps
- Deterrence: e.g., prison visitation (Scared Straight)
- Surveillance: e.g., intensive probation or parole.

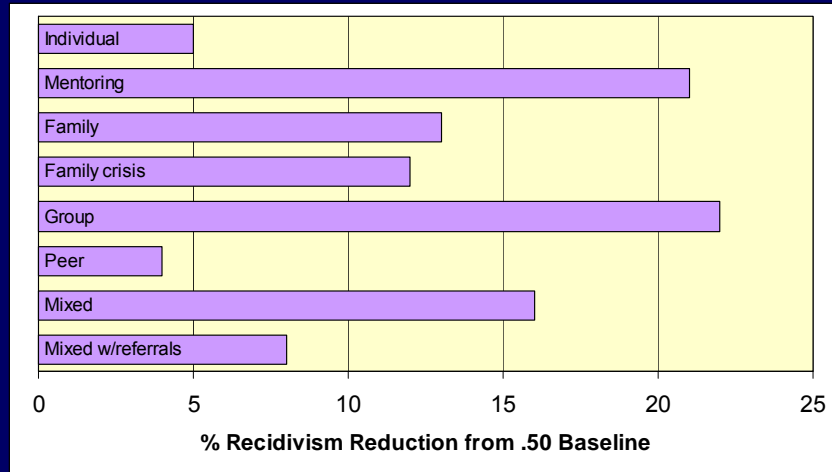
Program “philosophies” (Group 2)

- Restorative: e.g., restitution, mediation
- Skill-building: behavioral, CBT, social skills, challenge, academic, & vocational
- Counseling: individual, mentoring, family, family crisis, group, peer, mixed counseling, mixed with supplementary referral
- Multiple coordinated services: case management, service broker, multimodal regimen.

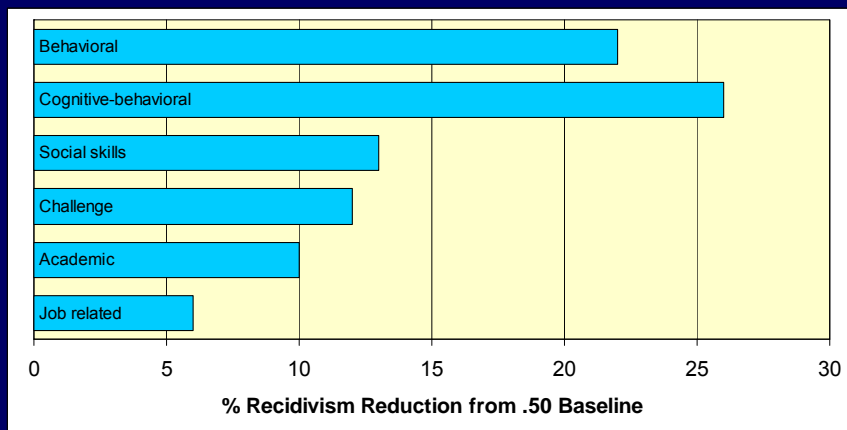
Treatment “philosophy” matters



Type of intervention: Counseling



Type of intervention: Skill-building





Service amount and quality matters

For each type of intervention ...

- positive outcomes are associated with the average duration and total hours of service
- positive outcomes are strongly associated with the quality with which the intervention is implemented



Summary of key findings

- Larger effects with high risk cases
- Effective interventions use a therapeutic approach
- Within a therapeutic category, some program types are more effective than others
- For a given program type, service must be delivered in adequate amounts and quality.

Applying these findings to assess how well program practice matches evidence for effectiveness

- A rating scheme for each program type within the therapeutic philosophies
- Applied to individual programs based on MIS data about the services actually provided to participating juveniles
- Validated with juvenile justice programs in Arizona and North Carolina

Points assigned proportionate to the contribution of each factor to recidivism reduction

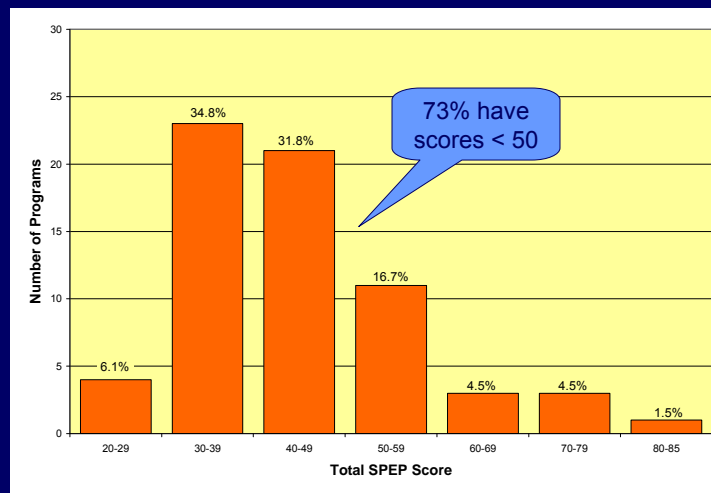
Target values from the meta-analysis (generic) OR program manual (manualized)

Standardized Program Evaluation Protocol (SPEP) for Services to Probation Youth		
	Possible Points	Received Points
Primary Service:	35	
High average effect service (35 points)		
Moderate average effect service (25 points)		
Low average effect service (15 points)	5	
Supplemental Service:		
Qualifying supplemental service used (5 points)	10	
Treatment Amount:		
Duration: % of youth that received target number of weeks of service or more: 0% (0 points) 60% (6 points) 20% (2 points) 80% (8 points) 40% (4 points) 100% (10 points)		
Contact Hours: % of youth that received target hours of service or more: 0% (0 points) 60% (9 points) 20% (3 points) 80% (12 points) 40% (6 points) 100% (15 points)		
Treatment Quality:	15	
Rated quality of services delivered: Low (5 points) Medium (10 points) High (15 points)		
Youth Risk Level:	20	
% of youth with the target risk score or higher: 25% (5 points) 75% (15 points) 50% (10 points) 99% (20 points)		
Provider's Total SPEP Score:	100	[INSERT SCORE]

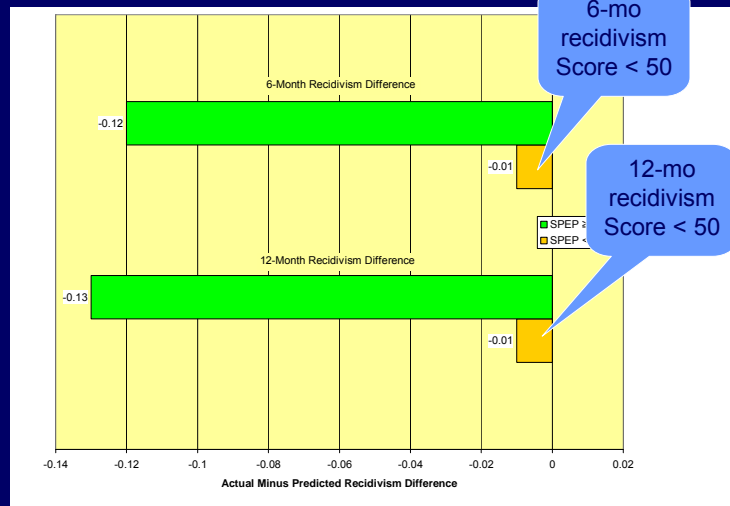
Validity study: Does it work?

- Arizona Juvenile Justice Services Division
- Programs provided during 2005-06 to juvenile probationers in five pilot counties
- 1490 juveniles who received services from 66 SPEP rated programs
- 6-month recidivism data on all; 12-month recidivism for most

Distribution of SPEP scores across programs



Actual vs. predicted recidivism for providers with scores ≥ 50 and < 50



Part II:
What constitutes a “practice”?

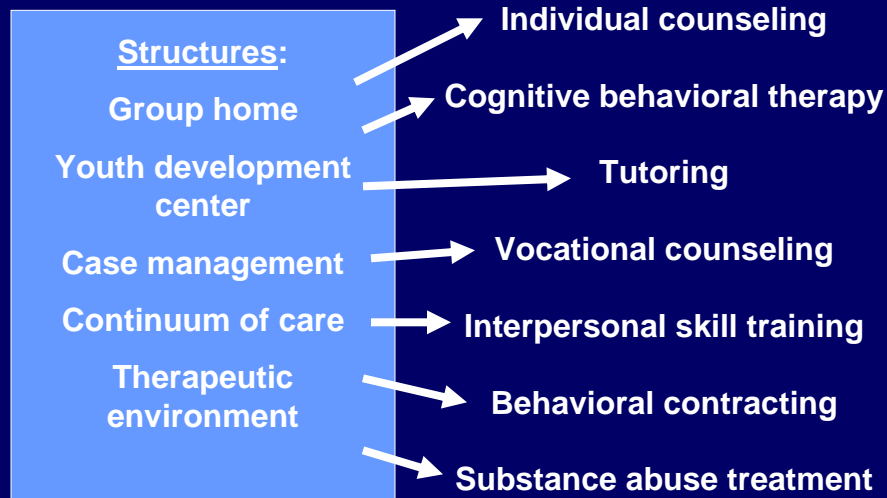
Therapeutic social interventions

- Involve face-to-face service contact with the juvenile
- Aimed at changing delinquent behavior and/or risk factors for delinquent behavior
- E.g., social skills training, behavioral contracting, group counseling, tutoring (not health services, recreation, assessment, supervision, etc.)

Defined program process

- A manual or protocol that describes the nature, quality, and amount of service that constitutes the program or practice— the script for enacting the program.
 - May be very specific or more general.
 - May apply to only one enactment by one provider or multiple enactments by different providers.

Not a delivery “structure” but the service provided within that structure



Summary

- EBP may involve different definitions of practice and correspondingly different bodies of evidence.
- “Practice” is a defined therapeutic service or program aimed at behavior change.
- With adequate specification of the nature of a particular practice, it may match up with research that provides evidence for the effectiveness of that practice.